


MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF VITAL RECORDS  
APPLICATION FOR A SEARCH AND CERTIFIED COPY OF A VITAL RECORD

**NON-REFUNDABLE FEES: \$60.00 for certified copy, \$25.00 for additional copies of same record, \$25.00 for non-certified (not a legal copy)**

**Applicant:**

Please fill in the information in the appropriate box for the record you are requesting, the reason for requesting the record, and the name and address for mailing the certified copy. Enclose a check or money order payable to:  
TREASURER, STATE OF MAINE  
and mail application to: 

**DEPARTMENT OF HUMAN SERVICES  
OFFICE OF VITAL RECORDS  
#11 STATE HOUSE STATION  
244 WATER STREET  
AUGUSTA, ME 04333-0011  
207-287-3181**

<b>BIRTH RECORD</b>	Full Name of Child
	Date of Birth
	Place of Birth
	Father's Full Name
	Mother's Full Name

<b>DEATH RECORD</b>	Full Name of Decedent
	Date of Death
	Place of Death

**FOR RECORD OF DEATH – PLEASE COMPLETE REVERSE SIDE** 

<b>MARRIAGE</b>	Full Name of Groom
	Full Maiden Name of Bride
	Date of Marriage
	Place of Marriage

<b>DIVORCE</b>	Full Name of Husband
	Full Maiden Name of Wife
	Date of Divorce or Annulment
	Place – Superior Court, County or District (Division)

**REASON FOR REQUESTING RECORD:**

Orders for Vital Records may also be placed, using a credit card; through VITALCHEK at the toll-free number 1-877-523-2659 or you may place your order over the Internet at [www.vitalchek.com](http://www.vitalchek.com).

Applicant signature: \_\_\_\_\_

Applicant address: \_\_\_\_\_

## **CAUSE OF DEATH**

**Confidential information on the death certificate, including the cause of death, is available only to persons who have a direct legitimate interest in the matter recorded. If you are requesting such information, please complete the following questions, read and sign the certification statement below:**

**Are you related to the decedent?                      YES                      NO**

**If yes, how? \_\_\_\_\_**

**If no, on what basis do you represent decedent (check one) :**

**[ ] Attorney, physician or funeral director?**

**[ ] Other agent authorized in writing by the decedent's immediate family  
or descendants thereof. (Present written statement of authorization.)**

**I hereby certify that I am the applicant named above and that I request a certified copy of the death record including the confidential medical information on cause of death, for the above-named decedent, in accordance with 22 MRSA §2706 and 10-146 CMR Ch. 7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.**

**Applicant Signature: \_\_\_\_\_**